

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8	1		1			
9		1		1		
10		2		1		
11		3		1		
12		4		1		
13		5		1		
14		6		1		
15		7		1		
16		8		1		
17		9		1		
18		10		1		
19		11		1		
20	1		1			
21		1		1		
22		2		1		
23		3		1		
24		4		1		
25		5		1		
26		6		1		
27		7		1		
28		8		1		
29		9		1		
30		10		1		
31		11		1		
32		12		1		
33		13		1		
34		14		1		
35		15		1		
36		16		1		
37		17		1		
38		18		1		
39		19		1		
40		20		1		
41		21		1		
42		22		1		
43		23		1		
44		24		1		
45		25		1		
46		26		1		
47		27		1		
48		28		1		
49		29		1		
50		30		1		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	35	←		←
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						